

New Hope Preschool
PO Box 37
Wyoming, RI 02818
401-539-8947

PERMISSION TO ADMINISTER MEDICATION

New Hope Preschool is allowed to administer medication to _____

DOB _____

Physician's name, address, and phone:

In the event of an emergency, I request that my child be assisted in taking the following medicine described below, at school, by authorized personnel. (If more than one medication is required, please fill out a separate form for each.)

Signature _____ Phone: _____
Parent/Guardian Home # Emergency #

Please fill out below and explain:

Diagnosis for which medication is given: _____

Name of medicine: _____

Medicine is to be given "when needed"

Describe indications: _____

Dosage: _____

Other information: _____

Physician's Signature _____ Date _____